

# RECREATIONAL SERVICES MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Alumni Grad. Year \_\_\_\_\_

Street Address \_\_\_\_\_

Faculty / Staff Dept. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (daytime) \_\_\_\_\_

Type of Pass	Pass Code	Price Semester	Price Fall & Spring	Price Full Year	Summer Rate
Individual Faculty / Staff	IF / IS	48.00	95.00	130.00	35.00
Individual Alumni	IA	48.00	95.00	130.00	35.00
Individual Community	IC	145.00	290.00	360.00	95.00
Family Faculty / Staff	FF / FS	85.00	170.00	220.00	60.00
Family Alumni	FA	85.00	170.00	220.00	60.00
Family Community of 2	FC2	180.00	360.00	440.00	120.00
Family Community of 3 or more	FC3	220.00	440.00	530.00	145.00
Student Family	SF	48.00	95.00	130.00	35.00
Visiting College Student	VCS	95.00	190.00	250.00	60.00(summer) 32.00 (winter)

**FAMILY MEMBERS: Is defined as residing in the same household and the dependents thereof under the age of 18.**

Spouse: \_\_\_\_\_ Dependents: 1 \_\_\_\_\_ Age \_\_\_\_\_ 3 \_\_\_\_\_ Age \_\_\_\_\_  
 2 \_\_\_\_\_ Age \_\_\_\_\_ 4 \_\_\_\_\_ Age \_\_\_\_\_

**Thank you for choosing to use the facilities, services, or programs at The College at BROCKPORT Recreational Services. We request your understanding and cooperation in maintaining both your and our safety and health by reading, and signing the following informed consent agreement, as well as following all posted programming area rules.**

I, \_\_\_\_\_, declare that I intend to use some or all of the activities, facilities, programs, and services offered by The College at BROCKPORT Recreational Services and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of The College at BROCKPORT Recreational Services brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I recognize that by participating in the activities, facilities, programs, and services offered by The College at BROCKPORT Recreational Services, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

**I declare that I read, understood, and agree to the contents of this informed consent agreement in its entirety. I am aware that at any time, I have the right to cancel this membership.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE MAIL THIS APPLICATION TO:**  
 RECREATIONAL SERVICES  
 TUTTLE NORTH B280  
 The College at BROCKPORT  
 350 NEW CAMPUS DRIVE  
 BROCKPORT, NY 14420-2989

Make checks payable to: The College at BROCKPORT-  
 RECREATIONAL SERVICES

A parking pass is necessary and is available for purchase from the Welcome Center for \$45.00 for the year. This CANNOT be prorated.

**FOR OFFICE USE ONLY**

Date \_\_\_\_ Amt. Paid \_\_\_\_ PAR Q 1 \_\_\_\_ PAR Q 2 \_\_\_\_

Receipt # \_\_\_\_\_ Pass # \_\_\_\_\_

Expires 12/19/09 \_\_\_\_ 5/15/10 \_\_\_\_ 8/27/10 \_\_\_\_

Collected By (print) \_\_\_\_\_

Circle One: New or Renewal

**BE SURE ALL AREAS ON FORM HAVE BEEN COMPLETED (initials) \_\_\_\_\_**

**FOR FURTHER INFORMATION, CALL (585) 395-2681. Recreational Services reserves the right to revoke memberships.**